



CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

ALLERGIC AND PHOTOALLERGIC CONTACT DERMATITIS TO TOPICAL NON-STEROIDAL ANTI-INFLAMMATORY DRUGS: A CASE SERIES FROM TURKEY

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Background: Topical non-steroidal anti-inflammatory drugs (NSAIDs) are widely used, mainly for soft tissue pain and injury. Allergic contact dermatitis (ACD) and photoallergic contact dermatitis (PACD) from topical NSAIDs have been reported with an increasing incidence. Ketoprofen seems to be the major culprit drug, followed by etofenamate and bufexamac in many European countries. There are only limited data on this subject in Turkey.

Observation: Out of 2375 consecutively patch tested patients in our clinic between 1996 and 2017, 13 patients (7 male, 6 female, age range: 21-81, median: 56 years) (0.5%) were diagnosed with topical NSAID-induced ACD/PACD. Patients were patch tested (n=13) and photopatch tested (n=4) with the suspected topical preparations as is, and with the active (n=4) and inactive ingredients, when available, in addition to the European baseline series. Etofenamate (tested in a dilution series of 1%-5%-10% in petrolatum and aqua) was the leading culprit drug in 8 patients (62%), followed by ketoprofen (n=2), diclofenac (n=2), and diethylamine salicylate & naproxen (n=1). The main diagnosis was ACD whereas PACD was diagnosed in 2 patients from etofenamate and ketoprofen. Concomitant positive reaction were observed with inactive ingredients such as benzyl alcohol in etofenamate, and neroli oil in ketoprofen preparations, respectively. Cross-reaction to fragrances (fragrance mix I, balsam of Peru, cinnamic alcohol/aldehyde) was present in both patients with ketoprofen allergy. Patients had used topical NSAIDs for soft tissue pain except one patient who used diclofenac gel for actinic keratosis.

Key message: Etofenamate was the main sensitizing agent in our series, that was different from the findings of most European countries. Etofenamate is one of the most frequently prescribed topical NSAID in our country. It is important to know the prescription patterns of the “popular” drugs in a given region in order to evaluate patients with suspected ACD/PACD more properly.

